Commonwealth of Massachusetts
Executive Office Health and Human Services

RY2019 EOHHS Manual Release Notes (Version 12.0a)

Supplement to:
RY2019 EOHHS Technical Specifications Manual for Acute Hospital Quality Measures (v12.0)

Published: October 17, 2018

Section I. Introduction

A. Purpose of Release Notes

This EOHHS Release Notes provide updates applicable to the current RY2019 EOHHS Technical Specifications Manuals published for hospitals participating in MassHealth Hospital Pay-for-Performance (P4P) quality measures reporting. Information in this document addresses the impact of the updates listed below.

1) **Important Updates**
   a) **Medicaid Payer Source Code Correction:** The RY2019 EHS Technical Specifications Manual (v12.0) published on September 13, 2018 contained an error in Section 2.B.1 on Table 2.2. The payer source codes for "Medicaid managed care - Tufts Health Together Plan" incorrectly displayed code #270 (Unicare Preferred Plan PPO) and omitted code #116. The payer source codes accepted for the Medicaid managed care Tufts Health Together Plan should include codes #116, 207 and 274.

   b) **Applicable Instruction Updates:** An updated version (12.0a) of data collection and reporting tools were published for Appendix A-1, A-2, A-3, A-4, and A-6. References to minor revisions that apply in the core EOHHS Manual are highlighted on page 2 and 3 below.

   c) **Quarter Period Impact**: Data file submissions as of Q3-2018 due on May 17, 2019.

2) **EOHHS Manual Versions**. This EOHHS Release Notes (v.12.0a) should be used in conjunction with the published EOHHS Technical Specifications Manual (v12.0) instructions. Hospitals are responsible for downloading and using the appropriate versions of EOHHS Manual and Appendix data tools that apply to each quarterly discharge data period being collected and submitted. Failure to adhere to appropriate versions of the data collection tools will result in portal rejecting data files.

B. Guidelines for Using Release Notes

The EOHHS Release Notes are organized to follow the current Technical Specs Manual sections and Appendix format as listed in the table of contents. Updated information is provided under using the following headings:

- **Key Impact** – identifies the EOHHS Manual section that is impacted by the change listed (i.e.: measure specifications, data tools, dictionary, etc.). A key impact is defined as information that will affect data collection and reporting requirements.

- **Description of Change** – identifies the specific content within the manual section where the change was made. (i.e.: numerator/denominator statement, flowcharts, data format, allowable values, etc.).

- **Rationale** – a brief statement on the reason why the change is being made.

Please contact EOHHS MassHealth at masshealthhospitalquality@state.ma.us if you have any questions about the Acute Hospital RFA contract reporting requirement updates.

Section II.   Updates in the EOHHS Release Notes (v 12.0a)

C. This section summarizes the key impact, description of change and rationale that apply to the important updates described above.

Manual Section	Key Impact	Description	Rationale
Section 1.C.1 and 1.C.2	Table 1.3 Data Submission Cycles Table 1.4 Process Measure Data Specs	No updated EOHHS Manual version was published. See page 3 below for minor edits that apply.	Clarify manual instruction versions
Section 2.B.1	Medicaid Payer Source Code Inclusions	No updated EOHHS Manual version was published. See page 3 below for updated edit that applies to Table 2.2.	Clarify payer codes accepted for "Medicaid Managed Care - Tufts Health Together Plan"
Section 2.C	Data Collection and Reporting Tools	No updated EOHHS Manual version was published. See page 3 below for minor edit that applies.	Clarify data tool versions
Section 5.B.3	Data File Contents - XML Schema Versions	No updated EOHHS Manual version was published. See page 3 below for minor edit that applies.	Clarify XML versions

Appendix Tools	Key Impact	Description of Change in v12.0a	Rationale
Appendix A-1	Data Abstraction Tool for NEWB-2 (Item #12)	Table column adds Medicaid payer codes #116; 207, 274 and removed code # 270 (Unicare Preferred Plus PPO).	Clarify payer codes accepted for "Medicaid Managed Care -Tufts Health Together Plan"
Appendix A-2	Data Abstraction tool for MAT- 4 (Item #13)	Table column adds Medicaid payer codes #116; 207, 274 and removed code # 270 (Unicare Preferred Plus PPO).	Clarify payer codes accepted for "Medicaid Managed Care- Tufts Health Together Plan"
Appendix A-3	Data Abstraction tool for CCM (Item #13)	Table column adds Medicaid payer codes #116; 207, 274 and removed code # 270 (Unicare Preferred Plus PPO).	Clarify payer codes accepted for "Medicaid Managed Care - Tufts Health Together Plan"
Appendix A-4	<u>XML Schema MassHealth Specific File</u> Payer Source data element name Answer Code data field	Payer Source "Answer Code" column inserts code #116, 207, 274 and removed code # 270 (Unicare Preferred plus PPO) for Medicaid Managed Care Tufts Health Together Plan.	XML files submitted with code #270 will yield an automatic rejection by the portal and also noted on your Input file report.
Appendix A-6	Payer Source data element (Data Dictionary)	A revised table under abstraction notes instruction includes Medicaid payer code #116, 207, 274 and removed code # 270 (Unicare Preferred plus PPO) for Medicaid Tufts Health Together Health Plan.	Clarify payer source data element codes for "Medicaid Managed Care Tufts Health Together Plan"

D. References to revisions that apply in the RY19 EOHHS Manual (v12.0) are shown below in underline italic font.

1) **Section 1.C.**1: Minor edit in Table 1.3 Manual version header includes **v12.0a** Release Notes.

Table 1-3: Acute RFA 2019 Data Submission Cycles

Acute RFA Period	Submission Due Date	Quarter Reporting Cycle	Discharge Data Periods	EOHHS Manual Version
Rate Year 2019	*May 17, 2019** *May 17, 2019**	*Quarter 3-2018* *Quarter 4-2018*	July 1, 2018 – Sept 30, 2018 Oct 1, 2018 – Dec 31, 2018	Version 12.0 & *12.0a* Version 12.0 & *12.0a*
Rate Year 2020	Aug 16, 2019 Nov 15, 2019	Quarter 1-2019 Quarter 2-2019	Jan 1, 2019 – Mar 31, 2019 April 1, 2019 - June 30, 2019	Version 12.0 & *12.0a* Version TBD

2) **Section 1.C.2**: Minor edit in Table 1.4 Manual version header includes v12.0 and ***v12.0a*** Release Notes.

3) **Section 2.B.1**: Minor edit in Table 2.2 inserts correct codes (underline italic) and removed code #270.

Table 2.2 Massachusetts CHIA Medicaid Payer Source Codes*

Data File Requirement	Description	Payer Code (as of 3/1/18)
INCLUDED MEDICAID PAYER CODES	Medicaid: Includes MassHealth Fee-for-service and MassHealth Limited	103
	Medicaid: Primary Care Clinician (PCC) Plan	104
	Medicaid Managed Care – Boston Medical Center HealthNet Plan	208
	Medicaid Managed Care – Tufts Health Together Plan	***116, 207**, 274*
	Medicaid Managed Care - Other (not listed elsewhere)	119
	Medicaid: Other ACO	311
	Medicaid: Fallon 365 Care (ACO)	312
	Medicaid: Be Healthy Partnership with Health New England (ACO)	313
	Medicaid: Berkshire Fallon Health Collaborative (ACO)	314
	Medicaid: BMC HealthNet Plan Community Alliance (ACO)	315
	Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)	316
	Medicaid: BMC HealthNet Plan Signature Alliance (ACO)	317
	Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)	318
	Medicaid: Community Care Cooperative (ACO)	320
	Medicaid: Partners Healthcare Choice (ACO)	322
	Medicaid: Steward Health Choice (ACO)	323
	Medicaid: My Care Family with Neighborhood Health Plan (ACO)	321
	Medicaid: Tufts Health Together with Atrius Health (ACO)	324
	Medicaid: Tufts Health Together with BIDCO (ACO)	325
	Medicaid: Tufts Health Together with Boston Children's (ACO)	326
	Medicaid: Tufts Health Together with CHA (ACO)	327
	Medicaid: Wellforce Care Plan (ACO)	328
EXCLUDED MEDICAID PAYER CODES	Healthy Start (free care pool)	98
	Out of State Medicaid (Other Government)	120
	Other Government	144
	Children's Medical Security Plan (CMSP)	178
	MassHealth Senior Care Options	273
	One Care – Tufts Health Unify	280
	One Care – Commonwealth Care Alliance	281
	Health Safety Net	995
	Other: Commercial ACO Plan	310
	All Health Connector Care plus All Commonwealth Care Plans	*

4) **Section 2.C**: The Appendix tools in EOHHS Manual v12.0 and ***v12.0a*** apply as of CY2018 Q3 and Q4 (7/1/18 – 12/31/18) data reporting cycles.

5) **Section 5.B.3**: The XML schema v12.0 and ***v12.0a*** applies to Q3-218 and Q4-2018 reporting periods.

Contact the MassQEX Help Desk at 844-546-1343 or massqexhelp@telligen.com if you have questions on EOHHS Manual versions that apply to MassHealth data collection and reporting requirements.